

# FIFTH QUARTERLY REPORT

OF

## THE EDINBURGH SURGICAL HOSPITAL,

FROM 8TH APRIL TO 8TH AUGUST 1830.

BY JAMES SYME, Esq.

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(From the *Edinburgh Medical and Surgical Journal*, No. 105.)

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IN commeneing this Report, I have great pleasure in stating that the College of Surgeons of Edinburgh now reecognize, not only the Clinical Lectures, but also the attendanee of the Surgical Hospital, as qualifieations for their diploma.

I may take this opportunity of explaining the sources from which were derived the L. 800 that appeared in last Report as paid by me to the support of the institution.

Fees of Students attending my Clinical Lectures,	-	-	L. 400
Board of two House Surgeons for six months, and one do. for twelve months,			200
Surplus of expenditure required from myself,	-	-	200
			<hr/>
			L. 800

Since last Report, 545 cases of surgical disease have been presented for relief. Of these 82 have been admitted into the house.

*Excision of Elbow-Joint.*—John Malloeh, æt. 30, from Perth, a missionary of the Baptist persuasion, entered the Hospital on the 23d of June on account of a diseased elbow-joint, of which the following account appears in the Journal.

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“ His left elbow is very much enlarged, œdematous, and inflamed. There are two sinuses communicating with the joint; one situated immediately over the olecranon, and the other about three inches lower down. There is little pain, except on pressure, when it is very acute. He cannot allow of any motion of the joint, keeps his fingers extended, and seems to be afraid of moving the arm in the slightest degree.

“ Seven years ago, he fell upon his left elbow and bruised it; two months afterwards it swelled and suppurated, and continued to discharge through several successive openings for two years. It then healed up, but remained swelled and stiff. Last January he was attacked with severe pain in the joint, which increased till five weeks ago, when matter formed, and was discharged by one of the former openings. A fortnight afterwards, another abscess collected over the olecranon, and was opened by a surgeon in Perth.

“ 25th, Mr Syme proceeded to cut out the elbow-joint. Running his knife into the joint, with its back to the ulnar nerve, he made a transverse incision across the arm, close to the olecranon, as far as the external condyle. From the middle of this incision another was made down the arm over the ulna about three inches in length, and from the extremities of the one first mentioned there were made two up the arm about two inches long. The flaps being dissected back, the articulating extremities of the ulna, humerus, and radius were removed. The diseased synovial membrane was cut out, and the edges of the wound were then brought together by stitches. Two arteries spouted, but did not seem to require ligatures. The limb was placed in a bent posture enveloped with caddis and a long bandage, to give it support. In this case Mr Syme deviated from his usual practice, by making a longitudinal incision downwards from the centre of the transverse one, instead of two at its extremities, since he thus included the sinuses in the line of incision, and more readily exposed the ulna, which was the bone principally diseased.

“ Cloths wet with cold water were applied after the operation to check the disposition to bleed; but about two o'clock, as there was still a good deal of hemorrhage, Mr Syme removed the dressings, and found it to proceed from an artery in the integuments of one of the lower flaps. The bleeding vessel being tied, the dressings were then replaced.

“ 26th, The wound is looking very well, and seems as if it would heal by the first intention. Pulse quick. Cold lotion to be continued. Tartrate of antimony, with Epsom salts, to be taken every hour.

“ 28th, There is a good deal of constitutional irritation.

He complains of oppression over the stomach, and a little difficulty of breathing. The wound has not healed.

" 29th, A copious foetid discharge from the elbow, with some redness and tension.

" 30th, Feels much better; swelling subsiding. Aetate of lead lotion, with bandage, to be continued.

" July 1st, Appetite much better. To sit up in bed.

" 2d, He was out of bed most of the day.

" 3d, The redness and swelling are quite gone. The edges of the wound to be brought together with adhesive plaster, and sulphate of zinc wash to be applied with bandage.

" 5th, The elbow is looking well, and the wound is granulating kindly. To have steak and a pint of porter.

" 9th, He had rigors yesterday. Elbow appears to be doing very well.

" 15th, The cross incision has almost healed, but the longitudinal one is kept open by the ulna being bare at its extremity, which threatens to exfoliate. A large abscess has formed on his right hip.

" 16th, The abscess was opened and a poultice applied.

" 19th, He has had frequent shivering and sweating fits; pulse quick and weak. To have wine instead of porter. Mr Syme laid open the sinus in the hip, the discharge from which was profuse. Dry eaddis and bandage applied. The elbow is improving, the discharge is not nearly so great; and a distinct groove can be felt on the ulna between the dead and living bone.

" 20th, He thinks himself stronger; the rigors are not so frequent. To have sulphate of quinine, a grain and a-half three times a-day, and a glass of port wine every three hours.

" 24th, He had rigors twice yesterday afternoon. About two o'clock this morning, when at stool, there was considerable hemorrhage from the hip. He is weaker than yesterday, and complains of great pain in his right groin, which is a little swelled.

" 25th, He is no better, pain in the groin is still much complained of.

" 26th, His pulse is much weaker, the pain in the groin is excessive; obscure fluctuation can be felt on the iliac side of the vessels.

" 27th, He complains of embarrassment in his breathing, with pain of chest. Pulse 160.

" 29th, He has been slightly delirious; other symptoms as before; he is much weaker.

" 30th, Cold cloths applied to his forehead at his own desire. Pulse can hardly be felt.

" 31st, He died."



On dissection the abscess of the hip was found to extend upwards among the muscles as high as the lumbar region. There was an extensive abscess between the ilium and iliacus internus descending into the groin. There were old adhesions between the pleura pulmonalis and costalis on both sides, but especially on the right. Upon the centre of the anterior surface of the left lung lymph had been recently effused to a considerable extent, and about eight ounces of sero-purulent turbid fluid lay in the pleura of the same side. The lungs in several parts were indurated or hepatized, and in some places suppuration had taken place so as to form deposits of the size of a walnut. On the surface of the brain the vessels were more turgid than usual, and in some places there were small ecchymoses. Great part of the wound was healed, but the extremities of both the humerus and ulna were exfoliating.

This unfortunate man, whose thin emaciated care-worn appearance indicated an age not less than fifty, though it really was no more than thirty, was certainly, as the result showed, a most unfavourable subject for operation. At the same time this is the only one of ten cases of excision of the elbow-joint which has terminated fatally; and I sincerely believe, that any operation, however slight, which had the effect of at all disturbing the constitution, would have given rise to equally disastrous consequences. This extreme tendency to disordered action could of course be learned only when it was too late.

David Forret, æt 28, from Cupar-Fife, recommended by Dr Scott of Cupar, on account of a diseased elbow-joint, of which he gave the following account: "Nine months ago he began to be troubled with a gnawing pain at the back of his right elbow, as if between the ulna and humerus. There was then no swelling; the motion of the joint was somewhat impeded, but did not increase the pain. In January, he observed a small tumour, about the size of a bean, a little above the internal condyle, which broke two weeks afterwards, and has continued to discharge ever since. Up to this time he had not been incapacitated from working, the pain which he felt being only moderate, and ascribed to rheumatism. But four months ago, without sustaining any injury, the joint inflamed, becoming red, swelled, and excessively painful, so as to render the slightest motion intolerable. He was blooded and leeches repeatedly, by which means the activity of the disease was subdued, and shortly afterwards, another opening made its appearance on the outside of the olecranon. The constant discharge, gnawing pain, stiffness of the joint, and general exhaustion consequent on this severe and protracted disease, have

made him extremely anxious to obtain relief, and willing to submit to any measures necessary to afford it. He is thin, pale, and evidently much reduced by his sufferings."

This case evidently required either excision or amputation. My friend Mr Webster, Surgeon of the 4th Dragoon Guards, who saw the patient on his admission, and who had not at that time witnessed the operation of excision, declared that he would have no hesitation in amputating the arm. Though there was evidently very extensive disease of all the soft parts, I did not consider this any objection to excision, and, accordingly, performed the operation in the usual manner, that is, by making a transverse incision from the ulnar nerve to the external tuberosity of the humerus, close to the olecranon, and then one upwards and downwards at both of its extremities. All the bones entering into the articulation were very much diseased, the cartilage being abraded and the surface carious. The synovial membrane, being very much thickened and gelatinous, was cut away as far as possible, one small artery of the integuments was tied, and the edges of the transverse incision were stitched together; but the extreme softness of the diseased integuments rendered it impossible to close the longitudinal ones in this way, as the threads instantly cut their way out. Caddis and a bandage were then applied.

The patient has done extremely well; the swelling of the joint is now almost gone; the discharge is almost entirely ceased; and he has the prospect of being soon dismissed cured.

Elizabeth Johnston, æt. 16, from Falkirk. In the first of these Reports, I mentioned the case of this girl, who entered the Hospital last summer on account of a diseased elbow-joint, which exhibited the most formidable appearance of any that I have yet met with, but which, nevertheless, was completely cured by the operation of excision. She returned home, and remained perfectly well, using the arm for all ordinary purposes until December last, when, after exerting herself too much, her wrist swelled and became painful. Tartar emetic ointment was applied, and afterwards blisters; but an abscess soon formed, which opened, and has continued to discharge ever since. A probe introduced into the sinus, which is situated over the lower end of the radius, enters a large carious cavity of the bone, and can be pushed downwards into the wrist-joint.

As amputation appeared the only resource, it was performed on the 24th June above the elbow, by the method of double flap. She recovered most favourably, and is now well.

The elbow being dissected, afforded a specimen of the union which is established between the bones in such cases. When the integuments and muscles were dissected off, the appearance

presented was wonderfully little different from that of a natural joint, owing to a great mass of fibrous ligamentous-looking substance which connected the bones together. This connecting medium, which was above an inch in length, and perfectly flexible, did not constitute any thing analogous to an ordinary articulation, and more resembled the structure that usually exists in the false joints that result from fracture of the bones. My friend and pupil, Mr Charles Bell, made a sketch of the preparation, which gives a very good idea of its appearance, and which, therefore, I have caused to be engraved to illustrate this description.

The unfortunate occurrence of disease in the wrist after that of the elbow had been removed, certainly affords no objection to the operation of excision. In one of these Reports I mentioned the case of an old woman, whose hand I removed on account of caries of the wrist, and who afterwards required amputation of the arm, for disease of the elbow-joint. No one, I suppose, would consider that case any objection to the operation of amputation.—In the last number of this Journal, Dr Christison has stated, that, from what I have seen of excision of the knee-joint, I am not inclined to practise or recommend it any more than M. Roux, who also thought it right to satisfy himself as to the advantages of the operation in regard to this joint by actual trial. But in the diseases of the shoulder and elbow-joints requiring removal there cannot be a doubt that the introduction of excision instead of amputation is a very great improvement. Most of the patients on whom I have operated now use their arms for all the purposes, and with the same facility, as formerly. It has seemed surprising, that in the course of eighteen months I should have had occasion to perform the excision of ten elbow-joints. To account for this it will be sufficient to recapitulate the places from which the patients came.

Edinburgh	3	Falkirk	1	Cupar	1
Aberdeen	1	Auchtermuchty	1	Perth	1
Lanark	1	Arbroath	1		—
					10

*Caries of Trochanter Major.*—James Lothian, æt. 40, applied on the 13th of July, on account of a sinus of the hip, which opened behind the trochanter major, and allowed a probe to enter very deep. As the complaint had existed for sixteen years, I concluded that it must be connected with diseased bone; and thinking it possible that an exfoliation of the ischium might be the root of the evil, as in the cases described in a former number of this Journal, I admitted the patient, in order to examine his case more particularly. Having found that the trochanter major was carious, I did not think it prudent to undertake any



operation, as the results of attempts to remove caries of this part, as far as I knew, had been uniformly fatal. He was dismissed on the 16th, and then entered the Royal Infirmary, where the diseased bone was extracted. He died a few days afterwards.

In proceeding to relate the following cases, I feel at considerable loss as to the title by which they ought to be designated. They are chronic affections of the joints, very much resembling each other in their causes, symptoms, and treatment, but the precise tissue in which they originate, and chiefly reside, as well as the morbid alterations of structure that attend their commencement, and precede the final state of suppuration and caries, which is the same in all, have not hitherto been satisfactorily ascertained. Rust of Berlin has employed the term *arthrocace*, or joint-evil, to express this affection, denoting the particular joint concerned, by prefixing the word designating it in the same language. Thus, he speaks of Spondil-arthrocace, or Vertebral-disease, Cox-arthrocace, or Hip-disease, Gon-arthrocace, or Knee-disease, Om-arthrocace, or Shoulder-disease, Olecran-arthrocace, or Elbow-disease. This nomenclature is generally followed by German writers, and I have used it in these Reports to express the disease in question, when affecting the shoulder; but as I have been accused of pedantry for doing so, I fear that the certainly somewhat uncouth expressions just mentioned, as applied to the corresponding affection of the knee and elbow, might give still more offence, and, therefore, will use their English equivalents.

*Hip-Disease.*—Jean Spowart, æt. 8, applied at the Hospital on the 8th of July. Her left leg seemed much shorter than the right one. The hip was more round and projecting than usual. She complained of great pain in the joint, particularly at night. She could not rest any weight upon it, but allowed it to be pretty freely moved. This affection was referred to a strain received in falling five months ago.

As no fluctuation could be discovered, I concluded that the disease was still in its second stage, and within reach of relief from the actual cautery. It was applied accordingly, and the patient has already derived so much benefit, that she sleeps without any disturbance from pain, and can rest the weight of her body upon the affected limb.

*Knee-Disease.*—Thomas Brown, æt. 20, from Larbert, Stirlingshire, entered the Hospital on the 28th of May, on account of an enlargement of the knee, which was of very considerable size, chiefly about the head of the tibia, impairing the mobility of the joint, rendering any attempts at motion excessively painful, and occasioning at night, even when kept quite still, such uneasiness as to prevent the patient from sleep-

ing. The complaint had existed twelve months, and been particularly severe during the last five.

The actual cautery was applied very freely on both sides of the knee, so as to cause a large slough of the skin, partly by its direct effect, partly by the inflammation which resulted from its operation. So soon as the suppuration was fairly established, the patient began to mend. The nocturnal pains left him, the swelling diminished, the joint became more moveable, and he could rest his weight upon it. He was dismissed on the 12th of July with every prospect of retaining a limb not certainly so sound or useful as it originally had been, but still so far recovered as to be quite sufficient for enabling him to follow an employment not requiring much active exercise.

Mrs Harvey, æt. 32, residing in Leith, was reported to the Hospital on the 11th of June, on account of a diseased knee, which it was thought would require amputation. Her friends were desired to bring her up, but next day intimated that they had found it impossible to effect her conveyance, owing to the extreme agony which was occasioned by any attempt to move her. In these circumstances, I suggested that she ought to be placed in a large clothes basket, which would render her removal equally easy and free from pain. This was accordingly done, and she entered the Hospital on the 13th of June. The following account of her case appears in the Journal:—"Her left knee is swelled to nearly twice its natural size, and exquisitely painful. The pain is constant, but increased by the slightest motion or pressure. The integuments covering the joint are not discoloured. There is great cedematous swelling of the foot and lower part of the leg. Five weeks ago she suddenly felt a violent pain in her left knee, so excruciating as to make her cry out. For some days there was no swelling, but it then appeared, and has since gradually increased. For some time she could bend the knee, but was never able to extend it without aggravating the pain. Now she cannot use the joint either for extension or flexion." On the 14th, I applied the cautery very freely to both sides of the joint. On the 16th, there was no pain except from the burn. She has since been progressively improving; the swelling has entirely disappeared both from the knee and foot; she can move it pretty freely without pain; she has been dressed and sitting up; and is about to leave the Hospital.

*Elbow-Disease.*—Helen Pentland, æt. 30, was admitted on the 5th of May, on account of a painful swelling of the right arm, which extended from the elbow to the hand. The pain extended generally through the limb, but was particularly severe at the elbow and wrist. The elbow was much enlarged and exces-



sively painful, especially during the night, and when subjected to pressure, or attempts to move it from the semi-bent position, in which she invariably kept it. Five weeks ago, without any assignable cause, she felt a pain in the elbow. It continued not very severe for four or five days, and seemed to be subsiding under the use of frictions. A most violent pain then all at once came on, and the joint began to swell. The symptoms rapidly increased. She had fits of excessive pain, during which the muscles near the joint were spasmodically contracted. The joint was leeches, poulticed, and bled to the extent of twelve ounces by cupping. The swelling and redness diminished, but the pain continued constant. She then applied to a surgeon, who prescribed warm fomentations, and led her to believe that amputation was the only remedy.

I applied the actual cautery on both sides of the olecranon, so as to make two long eschars. She improved progressively. The following report appears for the 29th. "A very great improvement has taken place. The arm is now of the natural shape and size; she has no pain even on pressure; but there is still little motion of the joint." She was dismissed on the 15th of June, with no complaint except imperfect mobility, to correct which, she was advised to use warm bathing, frictions, and frequent gentle exercise.

William Bruce, æt. 25, from Brechin, recommended by Mr Laing. The right elbow is swelled chiefly at the back part of each side of the olecranon; he has no voluntary power of moving the joint, and when motion is effected by other means, it is painful and very limited. He complains of deep and constant pain, which is particularly distressing at night. The pain is not confined to the elbow, but extends through the limb, and is particularly severe at the wrist.

"Five years ago, the elbow swelled and became painful without any assignable cause. These complaints were mitigated by blistering, &c. but continued so severe as to require his dismissal from the army, in which he served in the 75th Regiment. The joint continued swelled and subject to occasional attacks of pain until three months ago, when the symptoms attained the intensity and constancy above stated."

I applied the cautery on the 2d of July. For eight or ten days he did not admit that any benefit had been experienced, but then began to perceive a sensible alteration in the appearance of the limb, as well as in the uneasy sensations proceeding from it. The swelling is now nearly gone, and the pain much diminished; but he still complains of tenderness about the head of the radius, where there is also a degree of fulness that makes me apprehensive as to the issue of the case.

As the cautery which is best calculated for effecting counter-irritation differs from that employed to arrest hemorrhage and destroy morbid structures, the only uses to which it has hitherto been applied in this country, I have thought it right to give a representation of the instrument recommended by Rust, which may be readily constructed by any ordinary blacksmith.

*Thickening of the Synovial Membrane of the Knee-joint.*—John Campbell, æt. 15, Blair Athole, recommended by Dr Stewart, entered the Hospital on the 28th of May, on account of a soft elastic swelling of the right knee, chiefly over the condyles of the femur and on each side of the patella. It is not painful on pressure, or motion of the joint, but he is unable to rest the weight of his body upon the limb. The complaint commenced about three months ago, after a slight injury of the joint, which he sustained by striking his knee on the side of his bed. It has been poulticed, leeched, and blistered.

I directed the knee to be blistered on both sides, afterwards to be enveloped with the following ointment spread on caddis.

*R. Hydriod. Potassæ. ʒiij. Ungt. Hydrarg. c. Camph. ʒj. Aunguicæ. ʒiij.*—*M.*

and then to be carefully bandaged. This dressing was changed once a-week, and was soon attended with decided improvement; the swelling disappeared, the mobility of the joint was restored, and he could walk without pain. He was dismissed on the 2d of July, with instructions to keep the knee bandaged, and to protect it as much as possible against all irritation.

*Dropsy of the Knee-Joint.*—Angus M'Pherson, æt. 16, was admitted on the 22d of June. There is enlargement of both knee-joints, with distinct fluctuation, the patellæ are felt floating, no pain, motion unimpaired.

Two months ago, without any assignable cause, he felt a stiffness of the joints; they then began to swell; he never had any pain or redness on the surface.

The joints were blistered on both sides, which speedily dispersed the fluid. He suffered a relapse from going out to walk too soon, but being subjected to the same treatment, was dismissed cured on the 15th of July.

This case forms a remarkable contrast to one treated in the house some time previously, in which the effusion was attended with excessive pain, and tenderness on motion or pressure. I lately attended a case where the pain was so distressing as to deprive the patient entirely of rest, and led to serious apprehensions for the safety of the joint. It recovered perfectly, however, under repeated bleedings and blisters.

Janet Burns, æt. 26, from Lanark, was admitted on the 23d of June, on account of a flat fluctuating tumour, about the size

of the palm of the hand, on the inner side of her right knee between the patella and condyle of the femur. It had existed for several years, and was increasing. It gave her no particular uneasiness, except apprehension as to its consequences.

Regarding this swelling as of the nature of ganglion, I made a small puncture, and evacuated a quantity of dark-coloured serous fluid. So soon as the wound was healed, I applied a blister, and afterwards made her use frictions with the iodine and camphorated mercurial ointment. As this treatment did not prevent the re-accumulation of fluid, or seem sufficient after a fair trial to produce its absorption, I made an incision about an inch long, and discharged not only a fluid similar to that formerly withdrawn, but also a quantity of soft yellow flakes, which seemed to be the remains of coagulable lymph effused at some former period. A slight degree of irritation followed, to control which she used an acetate of lead poultice. The discharge from the opening gradually diminished, and she was dismissed on the 3d of August.

This patient was one of the first cases in which I cut out the elbow-joint, and was a very unpromising one, as may be seen from the account I have given of it in the first of these Reports. The cure is nevertheless so complete, that she can use the arm (the right one) for sewing or knitting the whole day long, and when she was adjusting her dress, or arranging the applications to her knee, it was difficult for a stranger to decide which arm had been the subject of operation. I have repeatedly seen mistakes committed in doing so.

I may here remark, that a girl who came from Auchtermuchty, to have a small encysted tumour removed from her cheek, stated, that her brother, James Page, who had his elbow-joint removed last spring, (see Quarterly Report for February 1830,) now uses both arms equally; thus, for going to the well for water he carries a pitcher in each hand, and that when he requires only one hand, he uses the arm operated upon, as it is the right one. \*

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\* I sent a request by this patient to Dr Taylor to write me particularly as to the boy's state, and received the following account. I may remark that the imperfect mobility of the limb was owing to the patient's obstinacy in neglecting to exercise it during the cure.—“*Auchtermuchty, 28th July 1830.*—DEAR SIR,—I am happy to be able to state respecting the boy James Page, on whose elbow you operated in the Surgical Hospital last winter, that his general health is quite good—that his elbow is free from pain, and about the same thickness as the other—that, though the wound cicatrized very slowly, it is now, and has been for some time, perfectly whole,—that his use of the *hand* seems to be not in the least impaired; and, accordingly he employs it (being his right hand) for ordinary purposes which do not require much motion of the elbow-joint,—that he seems to have the same strength in the arm operated on as in the other, for when he has any thing of considerable weight to carry,—for instance, as much water as he can bring in a pitcher, he does it with his right arm,—and that, though, as you must be aware from the state in which he left the Hospital,



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*Caries of Ankle-Joint.*—William Whitelaw, æt. 19, from Cupar Angus, recommended by Dr Rogers, was admitted on the 21st of May. The left ankle is much swelled, red, and painful. On the outer side there is a distinct fluctuation. There are two openings over each malleolus, through which a probe passes readily into the joint, where the surface of the bones is bare and rough. The leg of the same side is much emaciated. His appearance indicates great and continued suffering.

Ten weeks ago, when leaping a ditch, he strained his foot. When he came home it swelled, and was very painful: the swelling never subsided. He has had two blisters applied without any advantage.

The abscess over the external ankle opened the day after his admission, and afforded him a little temporary ease; but he still suffered from pain and profuse discharge; and it was evident that it had come to be a question between the loss of his limb and his life.

I amputated the leg on the 31st of May by single flap, and nothing occurred during the cure that seems worthy of notice, except the extreme weakness of the patient, who continued decidedly hectic for several weeks after the operation. He is now restored to health, and proposes soon to return home.

In performing amputation for disease of the foot, it is usually thought proper to amputate at no greater distance from the knee than is sufficient to afford the patient a convenient support for the body, unless he can afford the expence of procuring an artificial limb. It appears to me, however, in all cases desirable to preserve if possible the use of the knee-joint, by retaining a half of the leg, which is quite sufficient for the purpose, since a common wooden leg can be as easily fitted to this stump as to one higher up; and it is needless to add, that the patient can walk, sit, and perform all other ordinary motions much more easily when he possesses the use of the knee-joint than when he does not. George Robertson, whose case is mentioned in the Third Report, came to the Hospital yesterday, at my request, to show how well he could walk with the assistance of a wooden leg, adapted to a stump of this sort. It was constructed by his father, one of Mr Trotter's workmen.

The girl Anne Stewart, I may take this opportunity of men-

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he has but a very limited motion at the elbow, yet he has a little. He usually puts on and takes off his bonnet, and can also use a spoon with his right hand, but for the latter purpose he generally prefers the left. On the whole, he is certainly in a vastly better situation than if he had lost his arm. I believe every one who sees him readily acknowledges that. I have only farther to join with his parents and friends in expressing my hearty gratitude to you for the service you have so kindly rendered him. It is due also to all concerned to say, that though he must have some not very agreeable recollections and associations, he always speaks with delight of his stay in the Hospital. Wishing, &c. I am, Dear Sir, yours truly, J. TAYLOR."

tioning, who had the amputation through the tarsus performed last summer, continues perfectly well, and walks so that no one would suspect that she had suffered any mutilation.

Margaret Hay, æt. 26, was admitted on the 8th of June. Has great œdematous swelling of the left foot and leg. There are small openings over the great and little toe, another over the front of the ankle-joint, and a fourth over the malleolus externus. Through the two last-mentioned a probe may be passed to the bone at the outer ankle.

She has for several years back been affected with occasional attacks of erysipelas in the left leg, which generally lasted for two or three days, leaving some swelling of the limb. Nine months ago abscesses began to form, of which the sinuses that have been mentioned are the remains. Her health is much reduced, and she is very desirous of being relieved.

I amputated the leg on the 13th. The wound healed very well, but the patient regained strength slowly, and was not dismissed till the 20th of July. She still continues in a weak and unsatisfactory state.

*Amputation at Shoulder-Joint.*—John Williamson, æt. 26, fish-monger's servant, applied at the Hospital in the summer of 1829, on account of an ulcer upon the middle of the right deltoid muscle. It had a very foul malignant appearance, and allowed the probe to pass in various directions to the bone, which, however, could not be felt either bare or rough. He was admitted into the Hospital some time afterwards, as a deep-seated suppuration had pointed near the coracoid process, and it was thought that the bones must be affected. The matter was discharged, and the original sore was freely touched with caustic potash, after which it was dressed with black wash, and healed so nearly that he was dismissed in a state that enabled him to resume his employment. Early this spring he applied again on account of a deep-seated abscess at the elbow, which was opened, and allowed the probe to pass into the substance of the external tuberosity of the humerus. The old sinuses at the shoulder had also become more painful and copious in their discharge. He was re-admitted on the 18th of May, and all means were employed to cure his complaints without having recourse to the summary, but unsatisfactory process of amputation at the shoulder-joint. As all these proved unavailing, I performed this operation on the 2d of July, by making two semilunar incisions, commencing at the acromion process, and meeting below at the inferior margin of the axilla. Sir George Ballingall completely controlled the hemorrhage, by pressing upon the subclavian artery above the clavicle. The axillary artery and two smaller vessels were tied, after which the edges of the

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wound were stitched together. The patient made no particular complaint after the operation. On the 12th day he requested permission to visit his friends at home, and on the 20th he was dismissed.

On account of the state of the soft parts I preferred the method of operating above described to that of Lisfranc, which is certainly much quicker and easier both for the patient and surgeon.

*Osteo-Sarcoma of Tibia.*—Magnus Linkater, æt. 23, from Wick, Caithness, recommended by Mr Henderson of Wick, entered the Hospital on the 29th of May, on account of a tumour of the right leg. The tumour commenced immediately below the knee, and seemed to engage the tibia, which, at this part, felt more than twice as thick as usual. It caused a projection on the outer side of the limb between the tibia and fibula; it could be felt ascending into the popliteal space, and descended under the calf of the leg, so as to stretch the gastrocnemii muscles. The consistence of the tumour was unequal, generally soft, and in some places conveying the feeling of fluctuation, but in others as hard and unyielding as if composed of cartilage.

He stated that nine months previously to the time of admission, after being much exposed to cold and wet in the course of his employment as a cooper, he observed a small swelling about two inches below the tuberosity of the tibia; it was at first not painful, but shortly afterwards became so, and his sufferings have been increasing progressively ever since. He is a tall stout-looking young man, of a sanguine complexion.

As the swelling evidently depended upon a morbid growth of the bone, I saw no remedy but amputation, and performed the operation by double flap on the 3d of June. He was dismissed on the 17th of July, having remained longer than it was necessary, waiting for a vessel to convey him home.

The limb, when dissected, presented a most beautiful and characteristic specimen of the true medullary sarcoma originating from the medulla of the tibia, passing through a round aperture in its posterior wall, and then expanding itself in all directions so as to occasion the tumour which appeared externally. It is preserved in the Museum attached to the Hospital, in which I may observe, all the preparations that have been mentioned are preserved, and may be seen by any gentleman who feels interested in them.

*Fractures.*—Of these 18 cases have occurred, viz.

Ilium	2	Fibula	1	Ossa nasi	1
Femur	1	Clavicle	3	Ribs	2
Patella	2	Humerus	2		—
Tibia	3	Ulna	1		18



Both the fractures of the ilium occurred within a few days of each other, in men about the same age, viz. between 50 and 60, were situated near the crest; were caused by direct violence, viz. the one by the kick of a horse, and the other by a fall on the side; and were treated by the same means, viz. the application of a spica bandage, under which they soon got well.

The fractured femur, which was associated with a fractured patella, happened to Nancy Baker, æt. 28, who fell from a window in Leith three stories high. There was no separation between the fragments of the patella. The fracture of the femur was treated by means of the long splint, with the facility and success uniformly experienced from this simple apparatus.

The three cases of fractured tibia derive interest from the great number, viz. 10, already treated in the Surgical Hospital, in which this bone was broken alone.

*Dislocations.*—Of these the most interesting was that of John Meiklejohn, æt. 18, who applied at the Hospital on the 11th of June on account of an injury of the elbow, which he had sustained the preceding evening from falling off the new Rotunda on the Mound, in the construction of which he was employed. The limb was much swelled, discoloured, and painful; it did not admit of extension, but allowed pretty free flexion without any catch or crepitation. There was a hollow below the external condyle, where the radius usually lies, and the head of this bone could be felt rolling between the internal condyle and coronoid process of the ulna when the hand was rotated.

Though there was not here the symptom which is usually considered the most constant and characteristic of dislocation of the radius forwards, viz. impeded flexion, with a sudden catch in attempting to perform it, owing to the head of the radius striking against the humerus, it was evident that this dislocation existed, and I therefore proceeded to reduce it, by causing the hand to be extended while I pressed on the displaced head of the bone, and thus readily returned it to its proper situation.

*Whitlow.*—Of the very great number of whitlows which came under treatment and were cured by free incision, I think it unnecessary to mention any but that of Francis Wylic, æt. 3, who applied on the 3d of July for a very severe whitlow of the middle finger, as I do not recollect of ever meeting with the disease at so early a period of life.

*Extirpation of Testicle.*—William Lee, æt. 35, from Leith, was admitted on the 5th of June. The left testicle is enlarged and very hard; the integuments adhere to it, and there are three openings on the front of the scrotum, which afford a thin

discharge, and allow a probe to pass into the substance of the testicle; the chord and vessels, though somewhat enlarged, appear to be sound. The right testicle is also a little enlarged; there is some fluid in its tunica vaginalis; and there is a circumscribed hydrocele of the chord about the size of a small egg.

Two years ago both his testicles were swelled for four weeks. The swelling went away of itself, but returned nine months afterwards in both testicles, without pain or redness. They continued in this state till a month ago, when the left testicle inflamed and opened. A few days afterwards two other openings formed.

Having examined the urethra, and ascertained that there was no stricture or other source of irritation connected with it to account for the disease, I dilated the sinuses by converting the three openings into one, and applied a wash. The appearance of the sore became worse and worse, and it was now evident that the gland had suffered such disorganization as to render its extirpation a matter of no regret to the patient. I performed the operation on the 15th, and found that the small portion of testicle remaining was converted into a structure resembling that of cystic sarcoma.

During the operation we had an opportunity of seeing the two hydroceles of the other side, in the chord and tunica vaginalis. The wound healed very satisfactorily, the remaining testicle contracted to its natural size, and the hydroceles gradually disappeared. He was dismissed cured on the 6th of July.

*Hydrocele and Enlargement of Testicle.*—"Francis Halliday, æt. 23, was admitted on the 29th June, on account of a large pyriform swelling of the left side of the scrotum. There is a distinct fluctuation felt in it. The left testicle is much enlarged and painful when pressed. He also complains of shooting pains in the small of his back.

"Eighteen months ago he received a kick from a horse on the scrotum. It swelled very much after the accident, but fell very nearly to its natural size on the application of sugar of lead lotion. In consequence of riding much on horseback the swelling returned, and became much larger than before; and he was dismissed on this account from the 72d Regiment last April. In May he entered the Royal Infirmary of this place, where some fluid was twice drawn off from the scrotum, but he left it about the end of the same month, as his complaint seemed to be getting no better. The fluid collected again, and he now felt the left testicle painful.

"2d, Mr Syme drew off several ounces of clear fluid. The testicle can now be felt more distinctly enlarged.

“ 3d, A blister to be applied to the scrotum.

“ 4th, Blister removed. The swelling is now nearly as great as it was before it was punctured. Simple dressing applied.

“ 6th, The swelling is not so great to-day, and the pain in his back is better. The blistered surface is suppurating. Acetate of lead wash to be applied to it.

“ 8th, The testicle is not nearly so large, but is still a little painful on pressure. His general appearance is much altered for the better.

“ 15th, He has now no pain. The testicle is still enlarged, and there is a little fluid in the tunica vaginalis.

“ 18th, The testicle is not nearly so large as last report, and the fluid is almost gone.

“ 23d, There is still a little fluid in the tunica vaginalis. The testicle is nearly of its natural size. To be dismissed and return in a week, when, if the fluid has again collected, it may be drawn off and wine injected.”

*Hydrocele of the Chord.*—Finlay Thomson, æt. 58, from Falkland, whose case is mentioned in the last Report, returned on the 1st of June with the swelling nearly as large as ever. I drew off the fluid, and injected wine with an equal proportion of water, which on this occasion was allowed to remain for fully seven minutes. A proper degree of inflammation followed. Swelling ensued, which gradually subsided, and he was dismissed cured on the 21st of June.

*Wound of Penis.*—Quentin Goodlet, æt. 6, admitted 18th June. Yesterday morning, while playing on the Earthen Mound, he fell over a chain, and in some way or other suffered a wound of the penis, dividing the skin completely round and round about half way between the pubes and glans. The cut edges were nearly an inch distant from each other, and the preputial part of the integuments was drawn together over the point of the penis. The edges of the wound having been brought into contact by means of a number of stitches, cloths wet with cold water were applied.

19th, There is a good deal of inflammation round the wound. Acetate of lead wash to be used.

20th, The skin, which was drawn forwards, is beginning to slough. Hot dressing to be substituted.

22d, The slough has separated, leaving an ulcer on the dorsum penis somewhat larger than a shilling.

24th, Ulcer contracting, but the prepuce is very œdematous. To be punctured.

July 3d, The ulcer is healing under the use of sulphate of zinc wash, but the prepuce is still œdematous, though it has been frequently punctured and carefully bandaged.



15th, Œdema nearly gone, wound almost healed. To be discharged.

*Fistula of Prepuce.*—Alexander Campbell applied in April, for an abscess of the prepuce, which had opened naturally by a very small aperture midway between the orifice and neck of the glans. Finding that there was a large cavity between the two layers of the prepuce, I laid it freely open with a bistoury, and then discovered that there was also a very small opening through the internal membrane near its reflexion on the penis. Different metallic washes were applied, and the sore was so much improved that he resumed his employment as a leather-dresser. He returned on the 30th of May, to show that the sinus still continued open and troublesome by the pain and discharge proceeding from it. In these circumstances, I thought it right to divide the prepuce from its orifice backwards to the internal opening which still existed. The healing process then went on favourably, and he was dismissed on the 11th of June.

*Fistula in Perinæo.*—In last Report I mentioned the case of Samuel Pringle, who had laboured long under the complicated sufferings of stricture with fistula, and at the time of his admission, made nearly all his water through the perinæum. When he left the house a few drops of urine still passed through the fistula, since then he has become quite well, and now declares that he feels better in all respects than he has done for twenty years. It is still thought right, however, to pass a bougie occasionally once a month or so, to prevent relapse, of which there is always more or less chance in such complaints. Indeed, this very man had once before been reported as cured.

William Gibb, æt. 50, recommended by Mr James White, admitted on the 27th July. In the perinæum, on the right side of the raphe, there is much hardness and swelling. There are two openings at this part, by which almost all the urine escapes. The prepuce is drawn back and greatly swelled, especially at its lower part, where there is much induration, and an opening communicating with the urethra. There are three very tight strictures,—one at the neck of the glans, a second between three and four inches from the orifice, and a third, the tightest of the whole, at the bulb. The left testicle is somewhat enlarged and is as hard as bone. He has frequent desire to make water, suffers great pain when doing so, and is greatly exhausted by his sufferings.

Twenty-two years ago, when in the West Indies, he had a running, for which he used a very strong injection, the consequence of which was a very violent inflammation of the urethra throughout its whole extent, and also of the testicles. Ever since, he has suffered from the symptoms of stricture. For the

last two years he has had incontinence of urine, which frequently came away drop by drop. Six months ago the two openings in the perineum appeared, and the urine took its course through them. Seven weeks since, he applied to a practitioner, who introduced a catheter, and allowed it to remain for three days, upon which a violent inflammation ensued, matter formed in the prepuce, and the anterior fistula opened.

Strictures are often attributed to the use of injections, but I believe unjustly. There appears more reason to suppose that they generally result from neglected gleet. This man, however, seems to owe his complaint to such a source;—indeed, his case considerably resembles one that I have heard of, where a gentleman, for whom an injection had been prescribed, by some mistake injected into his inflamed urethra, instead of the weak metallic washes generally employed for the purpose, a fluid preparation of cantharides used for blistering horses. The consequences after the first violence of the symptoms had subsided, were thickening, induration, and contraction of the whole canal. I have in my possession an œsophagus given to me by my friend, Mr Dewar of Dunfermline, which is greatly thickened, hardened, and contracted almost to obliteration from end to end, owing to a solution of carbonate of potass, which was swallowed hastily instead of whisky. The case is related in a former number of this Journal.

*Lithotomy.*—The following case, which lately occurred in my private practice, seems deserving of notice as being very unusual in several respects. A few weeks ago, Dr T. Thomson asked me to see a boy ten years of age, the son of an artist in town. He had been complaining for five years of the usual symptoms of stone, which latterly confined him to the house in the greatest misery. He had been passing small irregular fragments of calcareous matter.

On attempting to introduce a sound proportioned to the usual size of the urethra at his age, I met with an obstruction about three inches from the orifice, which required a good deal of pressure to admit the entrance of a small instrument. I felt a calculus lying in the neck of the bladder, or rather anterior to it. And putting my finger into the rectum, ascertained that this was really its situation. I performed the operation next day in the ordinary way, and extracted a mass of calcareous matter the size of a walnut, which seemed to have originally consisted of two nearly equal concretions; one of these was entire, and presented a smooth flattened surface to the other, the external shell of which was broken into fragments similar to those voided previously to the operation. I then

examined the bladder by a sound, and ascertained that it contained no other calculus.

Every thing went on favourably until the urine ceased to flow through the wound, which happened about the end of a fortnight, when he began to complain very nearly as much as before. I concluded that the stricture must now be the cause of his sufferings, and proceeded to cure it by the ordinary process of dilatation. I am now able to pass number 4, and lie is free from complaint. I never saw or heard of a stricture in the urethra in so early a period of life, and I rather suspect it was not a consequence of the irritation of the calculus, but the original disease, since his uneasy feelings were distinctly dated by his friends to an inflammatory affection of the penis, which occurred when he was five years of age.

*Fistula in Ano.*—David Watt, æt. 34, a Leith porter, of a full and athletic frame, applied at the Hospital in spring on account of a flat deep-seated chronic abscess of the right hip. It was laid freely open, and, being anxious to return home, he was dismissed as soon as it presented a healing surface, with instructions to apply a wash, and show himself from time to time. He omitted to do this, and did not return until May, when it appeared that all the cavity of the abscess was healed except a small sinus, which ran up along side of the gut, with which, however, it did not communicate. He was admitted on the 30th, and dismissed on the 12th of June nearly quite well, after the septum between the sinus and the gut had been divided in the ordinary way. He has since called to report himself perfectly sound.

James Trainer, æt. 38, from Leith, recommended by Dr Kirk, was admitted on the 25th of June. On the left side of the anus there is an induration of the integuments and subjacent parts, in the centre of which there is an opening which discharges matter. A probe introduced at this aperture passes up a winding sinus, which opens into the gut about an inch from the verge of the anus, at a different part of the circumference. He complains of pain, which prevents him from sitting, and which is particularly distressing when he goes to stool.

Two months ago, he experienced a difficulty in evacuating the rectum, and felt as if there was a lump on the left side of the gut, which occasioned great pain when it was subjected to pressure. Poultices were applied for a fortnight; matter was discharged into the gut, and the pain abated. A few days afterwards, he felt an external swelling, which was poulticed and opened by Dr Kirk, who, recognizing the nature of the case, advised him to repair to the Hospital, where he could have more attention paid to him than at home.



I divided the septum on the 26th, and he was dismissed cured on the 10th of July.

John Burnett, æt. 51, was admitted on the 18th of July on account of a fistula in ano of eight weeks standing. On the 20th, the septum between the sinus and gut was divided, several sinuses undermining the skin round the anus laid open, and the wounds dressed with caddis. For some time after the operation there was a copious thin discharge from the wound; this is now diminishing, and the wound is healing under the application of sulphate of zinc wash.

Helen Cheselden, æt. 24, wife of a soldier of the 4th dragoon guards, recommended by Mr Webster, surgeon of the regiment, was admitted on the 26th July, for a fistula in ano of four years standing. I found the external opening at a considerable distance from the verge of the anus, and the internal aperture much higher up than usual, fully two inches and a-half, so that the thickness of the parts requiring to be divided was very considerable, and rendered it impossible to bring out the point of the bistoury at the anus previous to the division, which almost always can be done, and renders the operation much easier both for the patient and surgeon. It happened that the same day on which I cut this fistula, I was asked by Dr Fife, of Northumberland Street, to operate on a patient of his, a respectable person, about thirty, where the internal opening was still higher up, and the thickness of parts of course still greater. Such exceptions, however, are certainly rare, and the important fact observed by M. Ribes, (see First Report) that the internal opening is seldom more than an inch distant from the verge of the anus, ought to be carefully recollected in the treatment of this disease, together with the no less valuable observation of Foubert and Sabatier, that an internal opening almost always exists.

*Ulcer of the Lip.*—About a fortnight ago I was requested to visit a poor woman at Cannonmills, who was said to labour under an incurable cancer of the face. I found the patient lying in bed; she was a married woman, about 36 years of age, and a most miserable object. She was extremely emaciated, and her countenance exhibited that greenish yellow hue which is usually associated with the worst kinds of malignant disease. Her lower lip and neighbouring part of the right cheek was ulcerated, greatly swelled, and red, much of the lip had been destroyed, and the remaining surface was sloughing, and afforded a copious intolerably fœtid discharge. She had had frequent profuse hemorrhage; the glands under the jaw were much enlarged.

“Eight months ago a wart formed on her under lip, to remove

which she used different applications, which, however, only irritated it and made it worse. Three months ago it was about the size of a sixpence, when she applied to a surgeon, who applied caustic daily, till it growing larger he proposed to excise it, when she left him."

I advised her to be taken to the Hospital, that we might examine her case more accurately, and determine if any thing could be done.

She was admitted on the 15th of July, and had an acetate of lead wash applied to the ulcerated parts; the effect of this application was very remarkable. Next day the foul discharge almost ceased, the sloughs had separated, the swelling had fallen, and the inflammation was much abated. This amendment continued to increase, and it seemed as if the ulcer would have cicatrized without any further interference; but I thought it right to cut away a portion of the lip which, from the destruction of the neighbouring parts, projected forwards and hung down. She was dismissed at her own desire on the 24th of July, to attend her family. On examining the portion removed, I found traces of the scirrhus structure, and therefore, notwithstanding the favourable promise of the case, felt apprehensive as to its result; and she accordingly returned on the 4th of August, desirous of having the remainder of the ulcer removed. It now presented the characteristic features of cancer, and I did not hesitate to cut it all away.

Helen M'Queen, æt. 70, from Lasswade, recommended by Mr William Wood, was admitted on the 22d of July, on account of a cancer, which occupied a half of the upper lip and two-thirds of the lower one, together with a large portion of the cheek. It had a firm consistence, and presented an irregular tuberculated surface, with cauliflower-looking excrescences.

As the disease, though extensive, was quite detached, I thought it right to comply with the wishes of herself and friends for its removal, and performed the operation on the 24th of July. I brought the wound together as far as possible, and united the skin to the mucous membrane of what remained. The patient was of weak intellect, and excessively obstinate, so as to be quite unmanageable, and, by constantly persisting in speaking, strained and irritated the parts so as to oppose their union, and delay their subsequent healing by granulation. Nevertheless, the cure went on, on the whole, favourably so far as concerned the local disease; but large purple marks appeared on the skin of both arms, and afforded a bad indication as to the state of her constitution. On the 1st of August, when the wound was just about healed, and I thought of sending her home, she suddenly suffered a smart attack of erysipelas of the face, from which

she recovered under the free use of spirits and water given internally.

*Inguinal Abscess.*—Mrs P. from Orkney, aged 49, was admitted on the 20th of June, on account of a large tumour in the left groin, fully equal to a child's head, and another in the iliac region of the same side, of a still greater size. It was difficult to ascertain the extent and connexions of the latter swelling through the parietes of the abdomen; but it evidently contained a fluid which fluctuated distinctly both in it and the external tumour when pressure was applied. She complained of great uneasiness in the course of the anterior crural nerve. As there was no reason to suspect disease of the vertebræ or hip-joint, I introduced a trocar into the external part of the abscess, and drew off *five pounds* of pus. The wound healed by the first intention, and the patient felt so much relieved, that she insisted upon going home a few days afterwards, and would not wait until the cure could be completed, by taking away the matter which remained, or had re-accumulated.



Bird in